

Alaska Tribal Health System Oral Health

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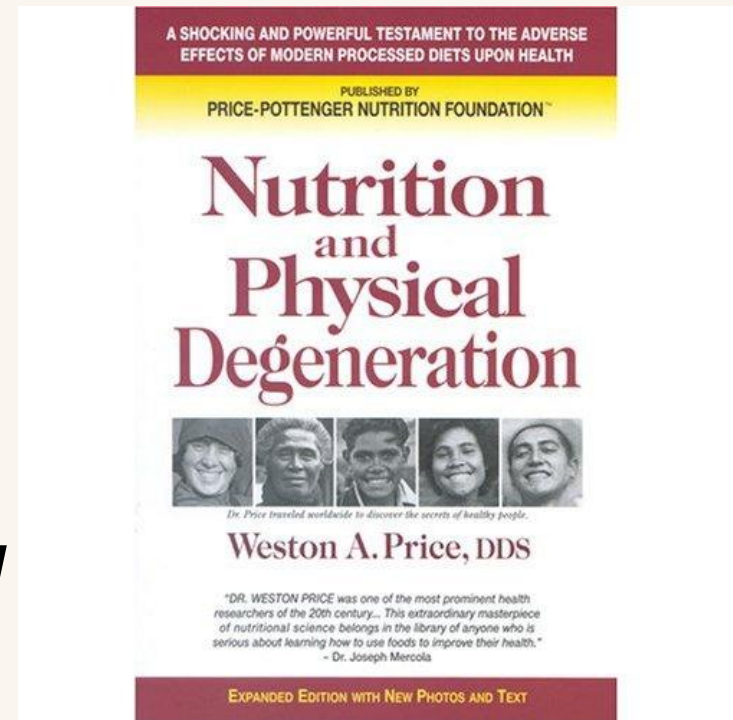


History of Oral Health In Alaska Native Populations



Weston A. Price

Price, WA. 1939. *Nutrition and Physical Degeneration*. 8th ed. Lemon Grove, CA.



History of Dental Caries in Alaska Native People

Archeological records show caries rate of ~1%

Improved air transportation and dietary changes

1928 – 1930's

1984

1999

1925

Studies show lowest caries rate in the world

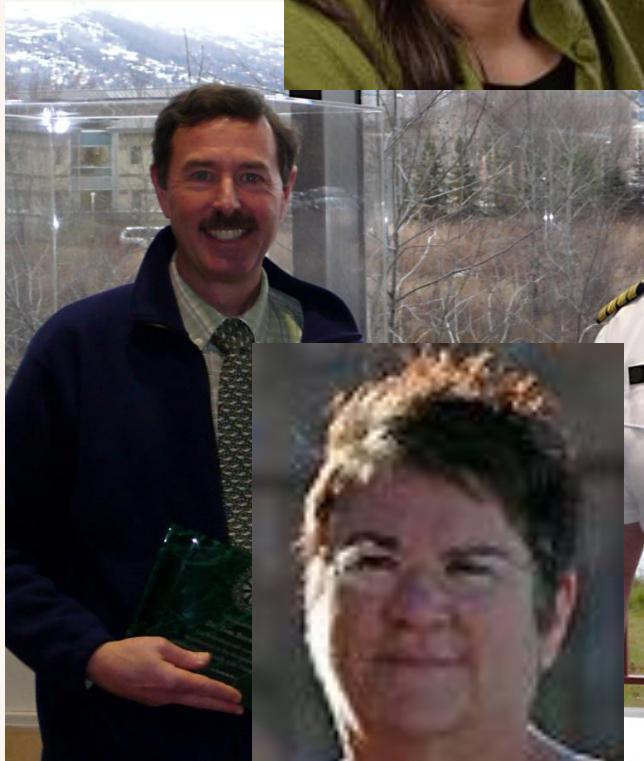
Prevalence of dental caries in children 2x same aged U.S. children

Vast majority of children have dental caries



Rural Alaska Dental Workforce Issues

- AN children dental disease rates
 - 2.5 times national average
 - OR pediatric cases
- Vacancies and annual turnover
- 120,000 Alaska Native people
 - 85,000 people
 - 200 villages
 - Few roads



Medicaid Case Study A-

A case for Fluoridation (& workforce expansion)

- 17 of 21 4-6 year olds (81%) underwent oral surgery under general anesthesia between 2004-2006*
- Average cost \$7,433*
- Water fluoridation would have prevented 10 reconstructive procedures and saved \$74,330 in treatment costs*
- Workforce expansion could catch early and treat close to home
 - Worse case scenario= \$2,500



Early Childhood Caries
(ECC)- often referred to
OR due to the amount of
work and patient behavior

*ANTHC Dept. of Environmental Health and Engineering



Medicaid Case Study B

54 of 122 3-8 year olds (44%)
underwent oral surgery
under general anesthesia
between 2004-2006

Average cost \$6,891

Water fluoridation would have
prevented 32
reconstructive procedures
and saved \$220,512 in
treatment costs



OR dental set-up

Oral Health Needs of AK THS

- Effective prevention efforts
- Culturally competent care
- Basic restorative services
- Locally provided
- **Meeting our needs intelligently will lead to efficiencies**



Trisha Patton, DHAT student,
taking x-rays on patient



Dental Health Aides



- 4 new types of providers
- Designed to work as part of the health care system
- Supervised by licensed dentists
- 100% FMAP when AN seen in our tribal system
 - Prevention will decrease the need for referrals to private sector.

Chelsea Shoemaker, Bonnie Johnson, Corrina Cadzow, DHAT students
Providing fluoride varnish treatment for a Head Start student.



Dental Health Aide Initiative of the CHAP

- **Primary DHA** (2 week modules)
 - Disease prevention educators
 - RWJF Pilot
- **Expanded function DHA**(2 wk.)
 - Restorations, cleanings, temporary fillings
- **DHA Hygienist** (by credential)
 - Local anesthesia
- **Therapist** (2 year, full time)
 - Prevention and limited scope of dental services



Alison Kaganak, DHAT Student, providing knee-to-knee infant oral exam



A new paradigm for dental disease prevention*

Our primary goals:

1. Develop trusting relationships with Native patients.
2. Encourage them to return to clinics regularly.
3. Overcome fear and avoidance.

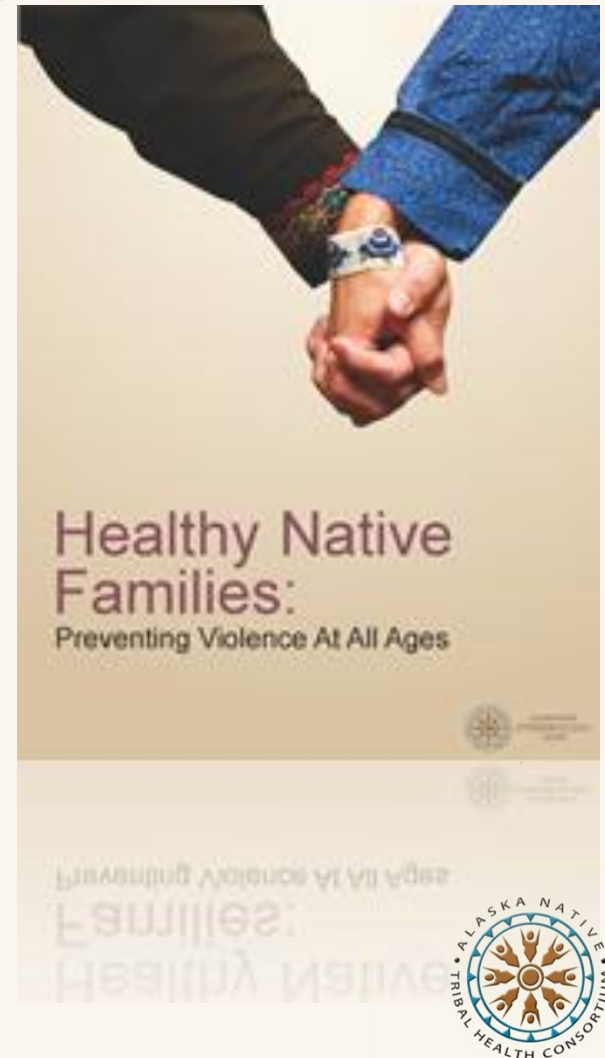
*This means more attention to the person/community
than to the tooth.*

*UW Dental Fears Clinic inspired

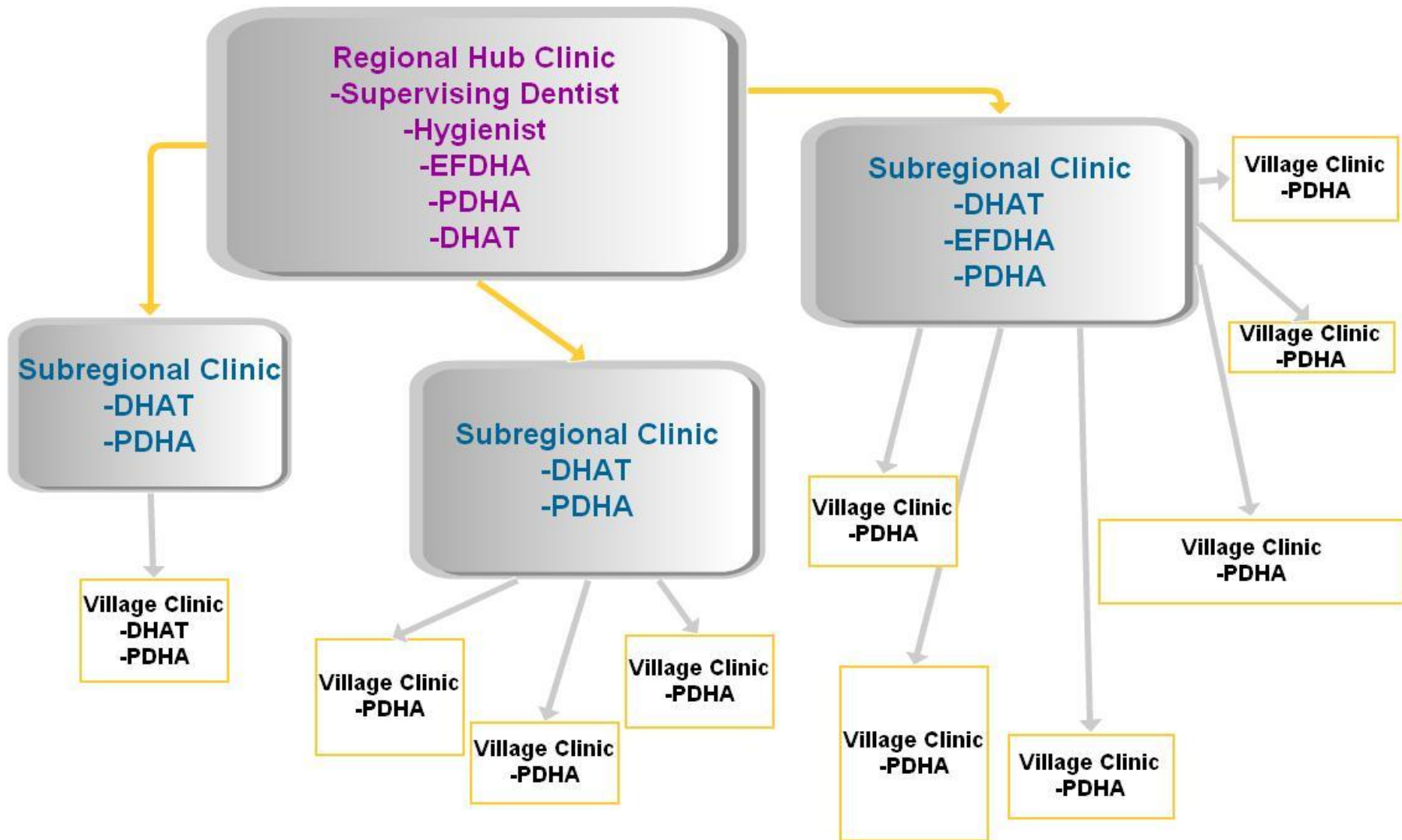


Professional Role Development: Healing the Healer

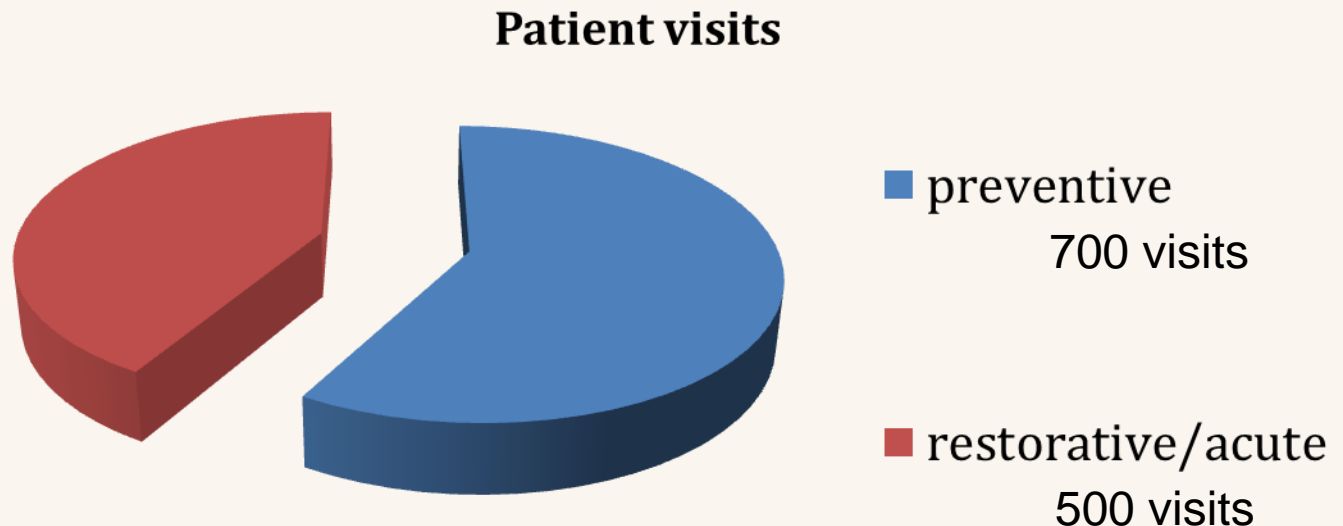
- **Students from “at risk” populations going to work with “at risk” populations**
 - Need tools to succeed
- **Constant emphasis on wellness**
 - Weave social skills and behavioral work into all aspects of curriculum
- **Bring in outside professionals**
 - PTSD, Alcohol and substance abuse, DV, sexual abuse, neglect
 - Teaching boundary skills, role modeling



Dentist lead team- Integrated With Medical



Survey of AK Tribal Dental Directors

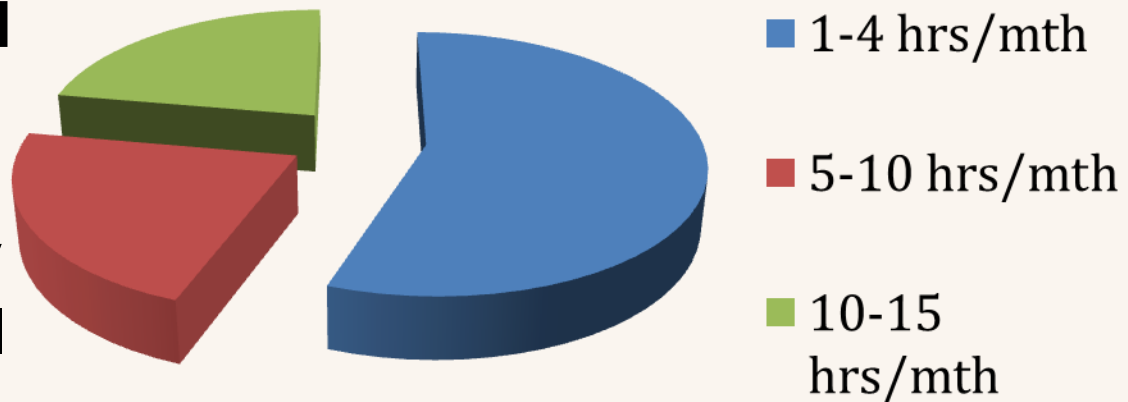


Each DHAT team on average, provides care to 830 patients during approximately 1200 patient encounters (or visits) each year.

Survey of AK Tribal Dental Directors

Encouraged to
**“put down the hand
instruments”** and
provide community
education on healthy
behaviors and dental
care.

Patient education



55% spend 1-4 hours per month;
22% spend 5-10 hours
22% spend 10-15 hours per month
on education.

Investment with positive economic return

**Tribal Investment: \$70,000
DHAT student support and tuition.**

8-12 months after they start working following graduation, investment will be paid off by revenue generated by billing for DHAT services.

Depends on Medicaid encounter rates.

Scott and Co. Consulting, 2011



Ben Stewart, DHAT Student,
practicing on mannequin



Tribal revenue as reported by dental directors with DHAT

The net annual revenue stream generated by the employer is \$125,000-\$245,000 after costs (DHAT and dental assistant salary, benefits, travel, supplies, and other costs) with savings of ~\$40,000 in avoided travel costs to receive dental care

Community Economic Engine:

19 DHATs generate 76 jobs (dental assistants, training program faculty, management, staff) with half of these jobs and the related \$9m economic activity in rural Alaska



Improved Access and Quality

- 40,000 people in rural AK now have direct access to care
- 58 new dental providers
 - 24 PDHA
 - 8 EFDHA
 - 1 DHAH
 - 25 DHAT
- Living and working where there have never been dentists before
- Continuity of care
 - Higher level of care



Aurora Johnson, DHAT- Unalakleet
in NZ DT educational program



DHAT Educational Program Students 2 Years Post High School



American Academy of Dental Therapy



Minnesota Dental Therapy- Struggle and Compromise

- First state to change practice act
- Grass roots campaign Vs. MDA
- DT and ADT



Stephanie Woods, DHAT, with
MN Dental Therapists



The National Dental Workforce- Lots more Struggle and Compromise

- **Dentists shortage Vs. Misdistribution?**
 - New dental schools
 - Incentives to practice in underserved
 - Underserved areas still exist
- **20 other states seriously working on DT legislation**
 - WKKF- WA, VT, KY, KS, NM
 - PEW- ME, CA, CT, MI
- **Practice will vary**
 - Costs to educate
 - Scope of practice
 - Employment arrangements
 - Multiple practice settings



Will this office utilize DT in the future?
How about your community health center?



Impact of Federal Actions on Alaska THS

- **Sequester** = IHS budget reduced 5%, or \$220 million
 - In FY2013= 9% cut for remainder year
- **ACA benefits for AI/ANs** are only available to members of federally-recognized tribes- difficult for some current beneficiaries
 - Asking for a grace period
- **Federally-facilitated exchange (FFE)** would not have the ability to aggregate payments for tribes who wanted to make premium payments for American Indians and Alaska Natives (AI/AN) they serve

*Federal Legislative Report
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

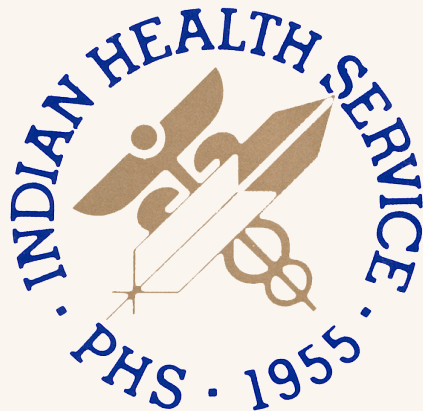
Gerald Moses, Senior Federal Liaison, (202)716-8073, gmoses@anthc.org
March 4, 2013



Sustainability Issues



- Severe underfunding of the Indian Health System results in layoffs & reduction in services:
 - Funded at 50-60% of Level of Need



Alaska Sanitation Facts

- 24% of all rural Native homes do not have adequate sanitation facilities
- \$800M+ unmet need in Alaska



“Honey Bucket” dump



Sanitation Funding

- Downward trend
- All sources (national tribal allocations, Alaska specific appropriations, and required state match)
 - declined by over \$49M between FYs 2004-2011



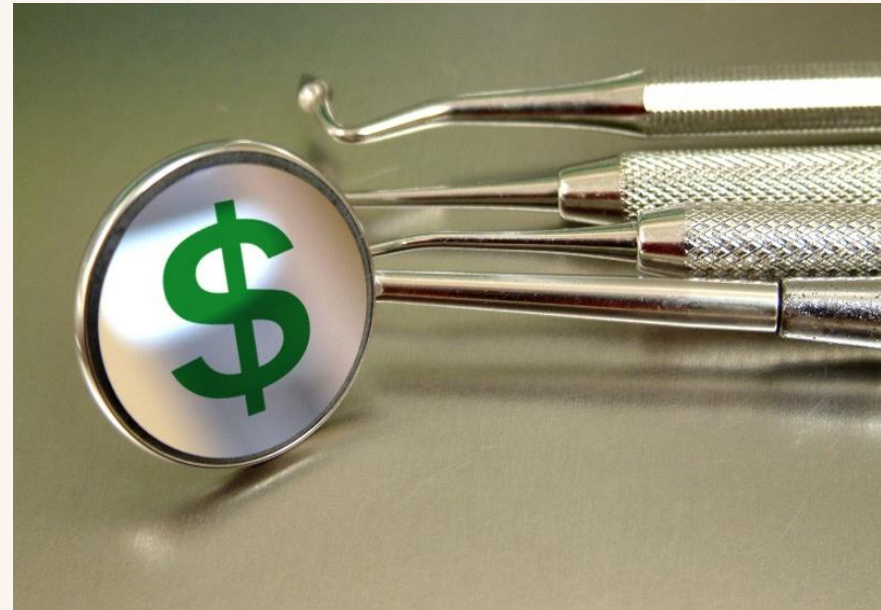
Drinkable drinking water will also give us a fighting chance against sugar sweetened beverages (SSB)

Community water fluoridation requires adequate facilities and trained personnel.



Cost Containment

- Delivery of care close to home
- Alternative workforce models
- Effective prevention
- Community water improvements- Fluoride, Drinking (SSB)
- Recruitment and retention of dental providers
- Decreasing OR dental visits



DHAT Educational Program

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DHAT training is **ANTHCsmile**
on **Facebook** and **twitter**

Alaska Native Tribal Health Consortium
Div. of Community Health Services- Dept. Of Oral Health Promotion

website: <http://anthc.org/chs/chap/dhs/>



Chris Evan, DHAT Student,
education for Head Start kids

